

Testimony before the Public Health Committee

March 12, 2008

Support and Recommended Language for HB 5861

Good afternoon, Senator Handley, Representative Sayers, and members of the Public Health Committee. My name is Alicia Woodsby, and I am the Public Policy Director for the National Alliance on Mental Illness, CT (NAMI-CT). I am here today to testify in support of HB 5861, An Act Concerning Mentally Ill Individuals in Nursing Homes, and to urge the Committee to expand the legislation to require appropriate monitoring and tracking of treatment plans for people identified as having mental illnesses in nursing homes, as well as reporting to the appropriate Local Mental Health Authority within two weeks of nursing home admission for monitoring of mental health treatment and timely discharge planning.

The recommended language to enhance the bill is attached to this testimony. This language will ensure that the Department of Public Health (DPH) includes people with psychiatric disabilities in their annual survey samples conducted at nursing facilities in the state, in order to review and compare the recommended treatment plans with the current treatment plan in place. Currently, there is no systematic oversight of the mental health services provided to nursing home residents with serious mental health issues or comparison of the services that an individual receives with those recommended by the assessment conducted prior to the resident's admission. Many of these individuals languish with no appropriate services in place, while their treatment recommendations decay in the back of their charts.

Furthermore, there is a lack of accurate census data on the number of persons with psychiatric disabilities in nursing homes. Connecticut has experienced a continuing increase of people with serious mental illnesses placed in nursing homes. The last known data, which was not an exhaustive count, is from 2006 with the estimation of 3,000 individuals with mental illnesses in nursing homes. We can only expect that these numbers have grown, perhaps significantly, when we look to the fact that the Medicaid status of several nursing facilities has been in jeopardy. This means that the state faces paying 100% of the cost of the care with no federal reimbursement.

Some people do need nursing home care for complicated medical problems that cannot be managed in the community, or for rehabilitation for a major health problem that can be ameliorated. However, **no person should remain in institutional care, once this level of care is no longer needed.** Therefore, a process must be established to document that:

- a. persons being admitted for short term placements have their housing protected to the fullest extent possible to allow for timely discharge, and
- b. mental health providers from the state's mental health system (DMHAS) maintain or establish contact with DMHAS eligible clients admitted to nursing homes to monitor their status and promote timely discharges.

The recommended language will address these critical components and establish a process for accurate reporting and tracking of people with mental illnesses in nursing home, so that people do

not continue to fall through the cracks and languish for years in inappropriate settings. It will also give the state better data, in order to fully understand the scope of the problem.

Once placed in a nursing home, it is extremely difficult for a person with mental illness to leave because of the lack of housing and available services. We urge the state to invest in community alternatives for nursing home applicants. In cases of long-term, medically necessary admissions, there must be standards requiring regularly updated and individualized treatment plans with the goal of community integration.

In addition, there is an urgent need for DPH to provide oversight and monitoring of locked so-called "behavioral health" units, which are operating with little to no attention to treatment planning and patient rights, such as the right to "receive the care you need to maintain your highest level of physical and mental well-being and prevent any avoidable deterioration in your condition" (as outlined in the Nursing Home Residents' Rights in accordance with CT General Statutes and Federal Laws and Regulations).

NAMI-CT supports this bill as a crucial step in a much larger solution. This bill will not resolve the grossly inadequate funding for community based treatment and housing options, or the ADA violations of "undue institutionalization" and "unjustified isolation" of persons with mental illnesses prevalent in nursing home facilities in our state. We urge the state to continue to work on this issue and to implement additional policies and programs to improve the problems that are beyond the scope of this bill.

Thank you for your time and attention to this important issue.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

The Department of Public Health shall consult with the Department of Mental Health and Addiction Services prior to finalizing its sample of residents to be reviewed in conducting its annual survey of a nursing home to identify persons admitted to the nursing home who were identified in the preadmission screening process as having a mental illness and had a level two assessment conducted to assure that a sample of these residents is included in the survey.

The survey for such residents shall include a comparison of the services recommended in the level two assessment with the plan of care currently being provided by the nursing home, and make specific findings with regard to the need for services to address the person's mental illness and potential for discharge to the community. The survey sample of residents who had level two assessments, shall include the greater of two files or twenty percent of the total number of resident files in the survey.

Nursing home staff shall notify the Department of Mental Health and Addiction Services or its contractor, within two weeks of the admission of individuals administered a level two assessment which confirmed a psychiatric diagnosis, and the Department of Mental Health and Addiction Services shall refer such individuals to the appropriate Local Mental Health Authority for follow up. Persons being admitted for short term placements shall have their housing protected to the fullest extent possible to allow for timely discharge.

Statement of Purpose:

To ensure that the staff at nursing home facilities review and compare current treatment plans for people with mental illnesses with the recommended services from section H of the Level II Preadmission Screening termed "Recommendation for Client's Nursing Facility Care Plan", in order to ensure the adequacy of treatment, the right to treatment in the appropriate service system and level of care, improve service delivery, and promote recovery.